DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington

To:	Oxygen Providers Inhalation/Respiratory Therapists Pharmacists Home Health Agencies Managed Care Organizations	**Memorandum No: 07-84** **Issued:** December 24, 2007
From:	Douglas Porter, Assistant Secretary Health and Recovery Services Administration (HRSA)	**For information contact:** 800.562.3022 or go to: http://maa.dshs.wa.gov/contact/prucontact.asp

Subject: **Oxygen Program: Fee Schedule and Coverage Table Changes**

Effective for dates of service on and after January 1, 2008, HRSA is:

- Replacing procedure codes K0553, K0554, and K0555 with procedure codes A7027, A7028, and A7029;

- Updating the Oxygen Fee Schedule and the Coverage Table to reflect these changes; and

- Deleting the "Justification for use of 7999E Miscellaneous Procedure Code" form found in the current *Oxygen Program Billing Instructions*.

Fee Schedule

You may view the updated Oxygen and Respiratory Therapy Fee Schedule at
http://maa.dshs.wa.gov/RBRVS/Index.html.

Change in Form Usage

HRSA has deleted the "Justification for use of 7999E Miscellaneous Procedure Code" form found in the current *Oxygen Program Billing Instructions.* **Pages J.3 and J.4 have been deleted.** For requests, use the "Oxygen and Respiratory Authorization" form (DSHS 15-298). To **view and download** DSHS forms, visit DSHS Forms and Records Management Service on the web: http://www1.dshs.wa.gov/msa/forms/eforms.html.

Billing Instructions Replacement Pages

Attached are replacement pages i-ii and E.7-E.10 of HRSA's *Oxygen Program Billing Instructions* which include the code changes discussed in this memorandum.

Contact Information

Send reimbursement rate issues, questions, or comments to:	Send authorization issues, questions, or comments to:
Oxygen and Respiratory Rates Manager Professional Reimbursement Section Division of Rates and Finance Development PO Box 45510 Olympia, WA 98504-5510 360.725.1845 Fax # 360.753.9152	Oxygen and Respiratory Policy Manager Division of Medical Benefits and Clinical Review PO Box 45506 Olympia WA 98504-5506 360.725.1577 Fax # 360.586.1471

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at http://wamedweb.acs-inc.com.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at http://hrsa.dshs.wa.gov (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Table of Contents

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Miscellaneous Oxygen-Related Durable Medical Equipment (DME)

Does HRSA cover oxygen-related DME not specifically addressed in the Fee Schedule?

HRSA does cover some oxygen-related DME after medical review. When submitting your claim for miscellaneous oxygen-related DME, you must also fax supporting documentation to:

> **HRSA**
> **Oxygen Services**
> **360.586.1471**

For requests, use the "Oxygen and Respiratory Authorization" form (DSHS 15-298).

To **view and download** DSHS forms, visit DSHS Forms and Records Management Service on the web: http://www1.dshs.wa.gov/msa/forms/eforms.html.

Oxygen Coverage Table

Do Not Bill With: **Any procedure code listed in the "Do Not Bill With" column of the fee schedule is AT NO TIME allowed in combination with the primary code located in the "HCPCS Code" column.**

Maximum Allowance: Rentals are calculated on a 30-day basis unless otherwise indicated. In those instances where rental is required prior to purchase, the rental price is applied towards the purchase price.

Rentals: From and to dates are required on all rental billings.

Apnea Monitor and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
#	E0618		Apnea monitor, without recording feature.			
P	E0619	RR*	Apnea monitor, with recording feature.		Y	Maximum of six months rental allowed per lifetime. **Prior authorization required after the initial 6 months.**
	A4556	NU*	Electrodes (e.g., Apnea monitor), per pair.	A4558		Purchase only. For use only when client is unable to tolerate carbon patch electrodes. Limit: 15 every 30 days.
#	A4557		Lead Wires, e.g. apnea monitor per pair			
	A4558	NU*	Conductive paste or gel.	A4556		Purchase only.
	E1399	NU*	Apnea belt kit (includes 2 belts, 4 electrodes, and 4 lead wires).	A4556 A4557	Y	Purchase only. Bill using EPA #870000904 Limit: 2 every 30 days.

Legend
D = Discontinued   **N =** New   **P =** Policy Change   **# =** Not Covered
RR = Equipment rental   **RP =** Replacement equipment   **MS =** Six month maintenance fee
NU = Equipment purchase   **TW =** Backup equipment   **U2 –** Second Ventilator (Backup)
(Use **TW** in addition to any other required modifier when billing for backup equipment, other than ventilator. For backup ventilators, continue to use modifier U2.)
* = Required modifier

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments

Continuous Positive Airway Pressure System (CPAP)

| | E0601 | RR * NU* RP | Continuous airway pressure (CPAP) device. | E0470 E0471 E0472 | | Requires results of sleep study performed in an HRSA-approved sleep center. Rental Limit: 1 unit per month, maximum of 2 months rental. Purchase required after 2 months mandatory rental. Client compliance and effectiveness must be documented prior to purchase. Purchase limit: 1 unit per client, every 5 years with documentation of cost effectiveness prior to replacement. Purchase price is amount allowed after 2 months mandatory rental. Use of RP modifier – the RP modifier allows for the replacement of a CPAP at the end of the five (5) year limit when the machine is no longer functional and/or not cost effective to repair. This eliminates the two (2) month rental requirement for this situation. |
| N# | A7027 K0553 | | Combination oral/nasal mask, used with continuous positive airway pressure device, each | | | |

Legend

D = Discontinued	**N =** New	**P =** Policy Change	**#** = Not Covered
RR = Equipment rental	**RP** = Replacement equipment	**MS** = Six month maintenance fee	
NU = Equipment purchase	**TW** = Backup equipment	**U2** – Second Ventilator (Backup)	

(Use **TW** in addition to any other required modifier when billing for backup equipment, other than ventilator. For backup ventilators, continue to use modifier U2.)

* = Required modifier

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/Comments
N#	A7028 ~~K0554~~		Oral cushion for combination oral/nasal mask, replacement only, each			
N#	A7029 ~~K0555~~		Nasal pillows for combination oral/nasal mask, replacement only, pair			
	A7030	NU*	Full face mask, used with positive airway pressure device, each.	A7031		Limit: 1 every 6 months.
	A7031	NU*	Face mask interface, replacement for full face mask, each.	A7030		Limit: 1 every 3 months.
	A7032	NU*	Cushion for use on nasal mask interface, replacement only, each.	A7034		Limit: 1 every 6 months.
	A7033	NU*	Pillow for use on nasal cannula type interface, replacement only, pair	A7034		Limit: 1 every 6 months.
	A7034	NU*	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap.	A7032 A7033		Limit: 1 every 6 months.
	A7035	NU*	Headgear used with positive airway pressure device.			Limit: 1 every 6 months.
	A7036	NU*	Chinstrap used with positive airway pressure device.			Limit: 1 every 6 months.
	A4604	NU*	Tubing with integrated heating element for use with positive airway pressure device.	A7010 A7037		Limit: 1 every 6 months.